

Multiple Claim  
 Fee Calculation Sheet  
 (For use with Form PTO-375)

**MULTIPLE CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-375)**

SERIAL NO. **090 163138**  
 FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10		/				
11		/				
12	/					
13		/				
14		/				
15		3				
16		3				
17		(1)				
18			/			
19				/		
20				/		
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	18		14			
TOTAL CLAIMS	21		17			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						